



SUPPORTIVE HOUSING AND THE CT DEPARTMENT OF HOUSING

September 25, 2012

What is supportive housing?

- Supportive housing = permanent affordable housing + support services
- Supportive services can range in intensity to meet the need of the tenant to ensure housing stability



Who needs supportive housing?

- For a variety of special needs populations, including but not limited to the chronically homeless
 - ▣ Families, youth, autism, HIV/AIDS, re-entry, frequent users of public services, veterans
- Vulnerable populations with complex conditions that present barriers to accessing and maintaining affordable housing without services
 - ▣ Underlying Economic Disadvantage
 - ▣ Clinical/Health Challenges
 - ▣ Poor access to MH, health and SU services

Why is supportive housing unique?



- Complexity of financing and developing
- Works as part of a larger programmatic system
- Presents opportunities for innovation and new applications

Complex financing structure

- Requires alignment of three components: capital, operating and services
- Leverages state, federal, local and private dollars
- Creatively uses funding streams that may not have been designed to work together
- Timing is often mismatched
- Requires partnerships between the various actors with unique roles and funding sources
 - Developers - capital
 - Landlords - subsidies
 - Providers – services
- *Linking resources together has a synergistic effect that exceeds what any one funding stream could create on its own.*

Programmatic Response System

- SH works as part of a larger programmatic system and policy response
 - ▣ Ensures access to housing and housing supports for most vulnerable – those who would not have access any other way!
 - ▣ Largely targeted to people who are homeless, at risk or coming out of institutions
 - ▣ Requires documentation of need, homelessness
 - ▣ Works in conjunction with shelter and outreach systems
- Quality of SH looks at not only bricks and mortar but at the quality of services
- Success is measured by outcomes (ending homelessness, reducing public costs) not just unit creation

Opportunities for Innovation

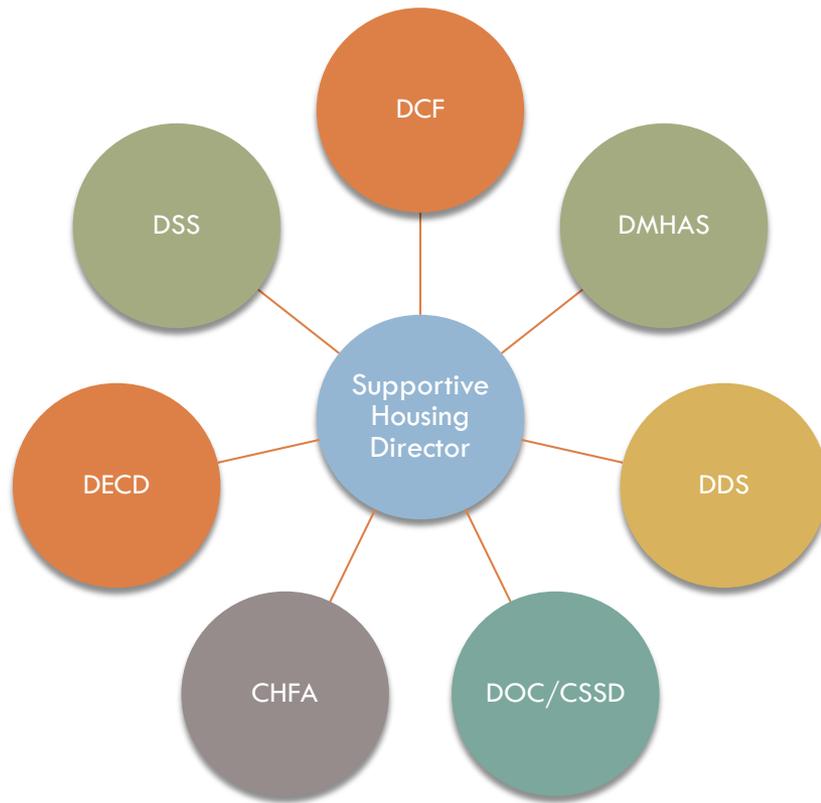
A young child with dark hair, wearing a striped shirt, is holding a large yellow stuffed rabbit. The child is in a playroom with various toys, including a yellow toy kitchen and a red toy car. The background is slightly blurred, showing more toys and a wooden cabinet.

- We are realizing supportive housing's ability to solve problems beyond homelessness
 - Criminal justice involvement and recidivism
 - High Medicaid use and high health care costs
 - Families with recurring involvement in the child welfare system
- CT is a site for all 3 of these national innovations
- There may be more untapped applications

CT Interagency Approach to SH

- CT has figured out how to maximize resources through interagency collaboration
 - Creating one stop shopping through coordinated RFP
 - Created the A Team – bringing together the top specialists in each field to do what they do best
 - Responding changing needs in policy and populations

Formalize SH leadership within DOH



Boundary Spanner

- ▣ Understands complexity of funding
- ▣ Knowledge of programmatic elements and design
- ▣ Eye for new applications for SH
- ▣ Leadership and ability to get them done

Role of SH Director

- Provide leadership in the development of SH within the DOH
- Boundary spanner between housing financing and service agencies
 - ▣ Coordination with internal and external partners that commit specific resources
 - ▣ Comprehensive planning to identify shared priorities and populations
 - ▣ Staff Interagency Committee
- Maintain supportive housing pipeline to meet demand
- Facilitate data sharing b/w agencies to define need and track outcomes
- Track national trends and position CT to take advantage of new opportunities
- Ensure transparency within and outside the DOH
- Inventory housing models and update program models

Recommendations

- Establish FTE Supportive Housing Director position within DOH
- Capital programs now housed at DECD move to DOH
- CHFA continue to administer existing programs (Tax Credit and other bond financed initiatives)
- Section 8 and RAP administration move to DOH
- Services funding remains at population specific agency (DMHAS, DCF, DDS)

Benefits

- Institutionalizes SH within DOH
- Facilitates a shared vision and priorities between agencies (populations, housing types, service models)
- Commits specific resources to achieve priorities
- Coordinate programs and resources (federal, state, local, bonds, grants, subsidies, etc) related to SH
- Ensures access to housing for most vulnerable and poorest populations
- Reduces overlap, reduces costs while maximizing impact

Considerations

- Maintaining flexibility
- Ensuring needs of service agencies are met
- Capacity – drives scope
- CT has developed a SH system that works... Ensure that there is not disinvestment from current system
 - ▣ By agencies
 - ▣ In coordinated RFP process